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Must be made for each, and this certificate must be filed by the attending Physician or local registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	166	State Index No. <u>579</u>
District of <u>Phoenix</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>395</u>
Town of <u>Hayden</u>	Local Registrar's No. <u>1</u>		
City of <u>Hayden</u>	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Kimiko Yamamoto</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>male</u>	Twin, Triplet or other <u>no</u>	and	Number in order of birth <u>1</u>
Legitimate? <u>yes</u>		Date of Birth <u>Nov 27</u>	191 <u>6</u>
		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Kumashiro Yamamoto</u>		Full Maiden Name <u>Gonne Nakamura</u>	
Residence <u>Arizona (Hayden)</u>		Residence <u>Arizona - (Hayden)</u>	
Color or Race <u>Japanese</u>		Color or Race <u>Japanese</u>	
Age at last Birthday <u>34</u>		Age at last Birthday <u>22</u>	
(Years)		(Years)	
Birthplace <u>Japan</u>		Birthplace <u>Japan</u>	
Occupation <u>Laundryman</u>		Occupation <u>house work</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 27 1916, at 11:20 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles H. Lowan
(Attending physician, midwife, householder.)*

Address Hayden Ariz.

Given or christian name added from a supplemental report 191

Filed Nov 29 1916

266-1127-751
COUNTY REGISTRAR.

Filed Jan 6 1917

A True Copy

W. R. Roberts
LOCAL REGISTRAR.

B. S. Fox M.D.
COUNTY REGISTRAR.